



AGENCY OF HUMAN SERVICES

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection

HC 2 South, 280 State Drive

Waterbury, VT 05671-2060

<http://www.dail.vermont.gov>

Survey and Certification Voice/TTY (802) 241-0480

Survey and Certification Fax (802) 241-0343

Survey and Certification Reporting Line: (888) 700-5330

To Report Adult Abuse: (800) 564-1612

January 23, 2019

Ms. Randi Cohn, Manager
The Gables At East Mountain
1 Gables Place
Rutland, VT 05701-8868

Dear Ms. Cohn:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **January 9, 2019**. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

A handwritten signature in black ink, appearing to read 'Pamela M. Cota'.

Pamela M. Cota, RN
Licensing Chief

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 592	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/09/2019
NAME OF PROVIDER OR SUPPLIER THE GABLES AT EAST MOUNTAIN		STREET ADDRESS, CITY, STATE, ZIP CODE 1 GABLES PLACE RUTLAND, VT 05701		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R100	Initial Comments: An unannounced on-site re-licensure survey was conducted by the Division of Licensing and Protection between 1/8 and 1/9/19. There was one regulatory finding.	R100		
R314 SS=B	XI. RESIDENT FUNDS AND PROPERTY 11.2 If the home manages the resident's finances, the home must keep a record of all transactions, provide the resident with a quarterly statement, and keep all resident funds separate from the home or licensee's funds This REQUIREMENT is not met as evidenced by: Based on resident and staff interview and record review, the facility failed to ensure that two of two residents in the sample, Resident #1 and #2 were provided with a quarterly statement of their finances. Findings include: During interviews with Resident #1 and #2 on 1/8/19, the residents stated that the facility holds onto money for them to use whenever they want something or need the money. Both residents further stated that they do not receive quarterly statements. During an interview with the services coordinator on 1/8/19 at 4:30 PM, s/he stated that the funds are recorded and reviewed with the residents periodically, but quarterly statements are not provided.	R314	<u>Tag R314</u> Residents with safekeeping accounts will be sent their statement quarterly. The sending of statements will be overseen by the services coordinator. The residential care manager will monitor the compliance and review at QI meetings. The Gables will be in compliance by 1/19/19.	

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Randi Cook

TITLE

Residential Care Manager

(X6) DATE

1/17/19

STATE FORM

8699

JK9M11

If continuation sheet 1 of 1

R314 POC accepted 1/22/19 BBK/ELN/PM